BUILDING PERMIT WORKSHEET COMMERCIAL & RESIDENTIAL BUILDINGS

| | *Owner name |
|--|--|
| Applicant name | Address CityStateZip |
| Address | City State Zip |
| Address State Zip | Phone |
| Phone | |
| Applicant is (circle one): owner / contractor / | **If property was purchased with in the last 6 months a copy |
| other* | of the recorded deed will be required showing: |
| *permission letter from owner required | Deed Book Page Date Recorded |
| F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Z to a Book Page |
| Tay Man # Acreage | Contractor name |
| Tax Map # Acreage Location address(or street name if # not assigned): | Contractor name |
| Location address(or street name if # not assigned). | Address |
| City State 7in | City State Zip Phone # |
| City State Zip | Priorite # |
| State road name (if addressed on a private road): | License # |
| | G' PI A |
| | Site Plan Name |
| | |
| | |
| Type of structure | Total Square Footage |
| Circle one: | 1 st floor sq. ft 2 st floor sq. ft |
| Main residence/ Accessory building / | Basement sq. 1t Garage sq. 1t |
| Other | Porches Decks |
| Check one: | Bonus RoomOther |
| _ New | Dimensions(over all shoe box size L x W) |
| Addition / Remodel | Total # of bedrooms |
| # of Bedrooms added | Total # of bathrooms |
| Type of room(s) | |
| | Mechanic's Lien Agent |
| | Address |
| | CityStateZip |
| | City State Zip |
| Estimated cost | Phone # |
| Construction type | Phone # |
| Construction type Exterior finish | Phone # PLUMBING |
| Construction type Exterior finish Interior finish | Phone # PLUMBING For A New Single Family Dwelling |
| Construction type | Phone # PLUMBING For A New Single Family Dwelling Name of Contractor |
| Construction type Exterior finish Interior finish Roofing type | Phone # PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels |
| Construction type Exterior finish Interior finish | Phone # PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels (Please indicate the # of each) |
| Construction type Exterior finish Interior finish Roofing type ELECTRICAL | Phone # PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels (Please indicate the # of each) Toilets Bathtubs |
| Construction type Exterior finish Interior finish Roofing type ELECTRICAL Name of Contractor | PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels (Please indicate the # of each) Toilets Lavatories Bathtubs Showers |
| Construction type Exterior finish Interior finish Roofing type ELECTRICAL Name of Contractor Name of Power Company | PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels (Please indicate the # of each) Toilets Bathtubs Lavatories Showers Kitchen sinks/disposals Dishwashers |
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| Construction type Exterior finish Interior finish Roofing type ELECTRICAL Name of Contractor Name of Power Company New Single Family Dwelling: (Please Circle one of the following for each) -Permanent: Amperage value: 200 400 600 | Phone # PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels (Please indicate the # of each) Toilets Bathtubs Lavatories Showers Kitchen sinks/disposals Dishwashers Laundry Trays Water heaters Clothes washers Drinking fountains Urinals Floor or sink drains |
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| Construction type Exterior finish Interior finish Roofing type ELECTRICAL Name of Contractor Name of Power Company New Single Family Dwelling: (Please Circle one of the following for each) -Permanent: Amperage value: 200 400 600 -Will you need a Temporary Power Pole? YES or NO | Phone # PLUMBING For A New Single Family Dwelling Name of Contractor All Other Structures/Additions/Remodels (Please indicate the # of each) Toilets Bathtubs Lavatories Showers Kitchen sinks/disposals Dishwashers Laundry Trays Water heaters Clothes washers Drinking fountains Urinals Floor or sink drains Slop sinks Pumps Other fixtures TOTAL # |
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